

L19000176610

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H19000214006 3)))



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FLORIDA LIMITED LIABILITY CO.

Global Spice Trade, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
19 JUL 18 AM 9:27
TALLAHASSEE, FL 32309

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Second request

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JUL 19 2019



July 16, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: GLOBAL SPICE TRADE, LLC
REF: W19000064959

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H19000214006
Letter Number: 319A00014370

RECEIVED
TALLAHASSEE, FLORIDA

19 JUL 18 AM 9:27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBAL SPICE TRADE LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

23 AVE 32-25 ZONA 17

HACIENDA REAL, GUATEMALA

GUATEMALA

Mailing Address:

250 CATALONIA AVE

STE # 507

CORAL GABLES, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ALFREDO DE LA HOZ

Name

250 CATALONIA AVE STE # 507

Florida street address (P.O. Box NOT acceptable)

CORAL GABLES, FL 33134

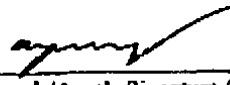
City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

X



Registered Agent's Signature (REQUIRED)

(CONTINUED)

CALAMASILLI, MARIA

19 JUL 18 AM 9:27

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**

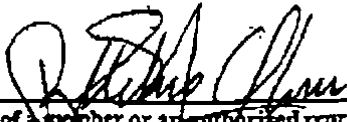
INVFAM CORP

35 BARRACK RD 3RD FLOOR
BELIZE CITY, BELIZE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**X  Signature of a member or an authorized representative of a member.This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ROLANDO ARTURO MICHEO GIORDANO

Typed or printed name of signer

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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